

NCLB FY 2005 CONSORTIUM DESIGNATION FORM

This form must be completed prior to the electronic submission of the FY 2005 NCLB EWEG application.

Consortium Applicant: _____ **County:** _____
LEA Code: _____

The Consortium Applicant contributes all Titles to the Consortium.

Consortium Participant: _____ **County:** _____
LEA Code: _____

The LEA identified above as the Consortium Applicant has been designated as the applicant agency for this project. As a participating agency, I agree to the implementation of activities, utilization of funds, sharing of costs, and final disposition of equipment purchased with the funds as set forth in the EWEG application.

Chief School Administrator Signature: _____ Date: _____

Check all Titles being contributed to the consortium

- ☐ Title I
- ☐ Title IIA
- ☐ Title IID
- ☐ Title III
- ☐ Title III Immigrant
- ☐ Title IV
- ☐ Title V
- ☐ Title VI

Consortium Participant: _____ **County:** _____
LEA Code: _____

The LEA identified above as the Consortium Applicant has been designated as the applicant agency for this project. As a participating agency, I have agreed to the implementation of activities, utilization of funds, sharing of costs, and final disposition of equipment purchased with the funds as set forth in the EWEG application.

Chief School Administrator Signature: _____ Date: _____

Check all Titles being contributed to the consortium

- ☐ Title I
- ☐ Title IIA
- ☐ Title IID
- ☐ Title III
- ☐ Title III Immigrant
- ☐ Title IV
- ☐ Title V
- ☐ Title VI

Consortium Participant: _____ **County:** _____
LEA Code: _____

The LEA identified above as the Consortium Applicant has been designated as the applicant agency for this project. As a participating agency, I agree to the implementation of activities, utilization of funds, sharing of costs, and final disposition of equipment purchased with the funds as set forth in the EWEG application.

Chief School Administrator Signature: _____ Date: _____

Check all Titles being contributed to the consortium

- ☐ Title I
- ☐ Title IIA
- ☐ Title IID
- ☐ Title III
- ☐ Title III Immigrant
- ☐ Title IV
- ☐ Title V
- ☐ Title VI

Consortium Participant: _____ **County:** _____
LEA Code: _____

The LEA identified above as the Consortium Applicant has been designated as the applicant agency for this project. As a participating agency, I have agreed to the implementation of activities, utilization of funds, sharing of costs, and final disposition of equipment purchased with the funds as set forth in the EWEG application.

Chief School Administrator Signature: _____ Date: _____

Check all Titles being contributed to the consortium

- ☐ Title I
- ☐ Title IIA
- ☐ Title IID
- ☐ Title III
- ☐ Title III Immigrant
- ☐ Title IV
- ☐ Title V
- ☐ Title VI

Submit completed forms to the following address:

New Jersey Department of Education
Application Control Center
Riverview Executive Plaza Building 100
P.O. Box 500
Trenton, New Jersey 08625-0500
Attention: Grants/NCLB